No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2783

FILED FEB 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 955

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3816 Cleveland Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3816 Cleveland Ave.
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert C. Lohman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lillian Lohman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased November (Month) 27 (Day) 1861 (Year)

8. AGE: Years 86 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Reno (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business Illinois Traction System

FATHER
12. Name Christ Lohman
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Minnie Kahle
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Irene Merkel
(b) Address 3816 Cleveland Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillsboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 6 1947 to Jan 29 1948
that I last saw h 1 M alive on Jan 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia

Due to being confined to bed for retention catheter

Due to for moderate prostatic hypertrophy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 137

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. Howell (M. D. or other) M.D.

Address 729 Frisco Bldg Date signed 1-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.